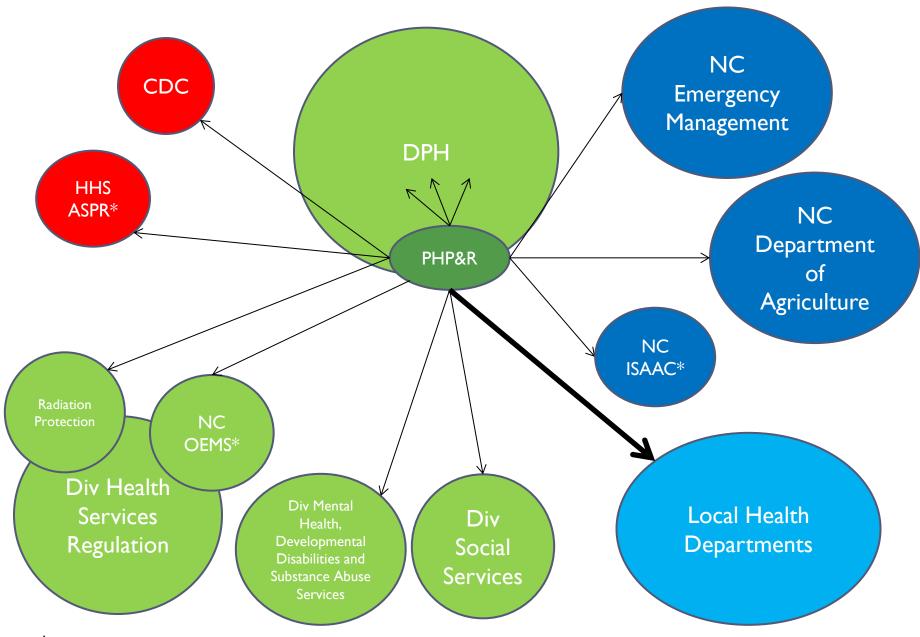
# Public Health Preparedness

Presentation to the Emergency Management Standing Oversight Committee

January, 2014



<sup>\*</sup> ASPR= Assistant Sec. for Preparedness and Response, ISAAC = Information Sharing and Analysis Center, OEMS = Office of Emergency Medical Services,

#### **EPIDEMIOLOGY SECTION**

## Public Health Preparedness & Response



#### Mission

To protect the health and safety of all individuals in NC, by assuring that State and Local Public Health Departments have in place a multi-level natural or man made hazard public health response system (plan) for public health emergencies.

#### **Branch Strategies:**

- Enhance public health preparedness & response to all hazards through funding, technical assistance and guidance to Local Health Departments and other partners utilizing the PH Preparedness Capabilities
- Coordinate improvement through planning, training, evaluation and exercises
- Coordinate preparedness efforts throughout DPH
- Ensure accountability through sub-recipient grant monitoring
- Coordinate public health responses to events and incidents

#### **Branch Resources (2013):**

- CDC PHEP Cooperative Agreement (Total to NC \$16 M)
- State appropriations for Carolinas Poison Center (\$857,800) and Antiviral Storage (\$30,000)



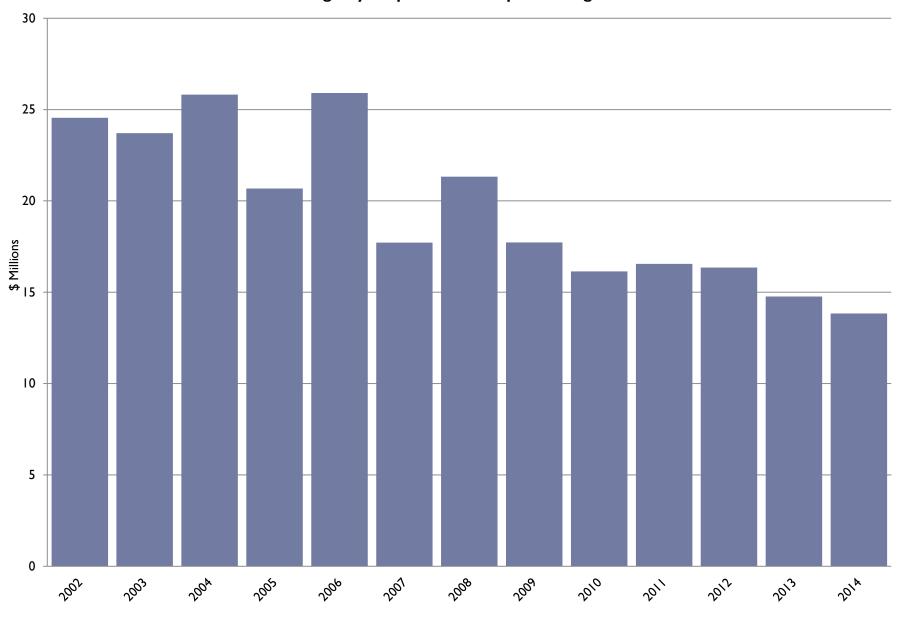
#### • Implementation and Evaluation Unit

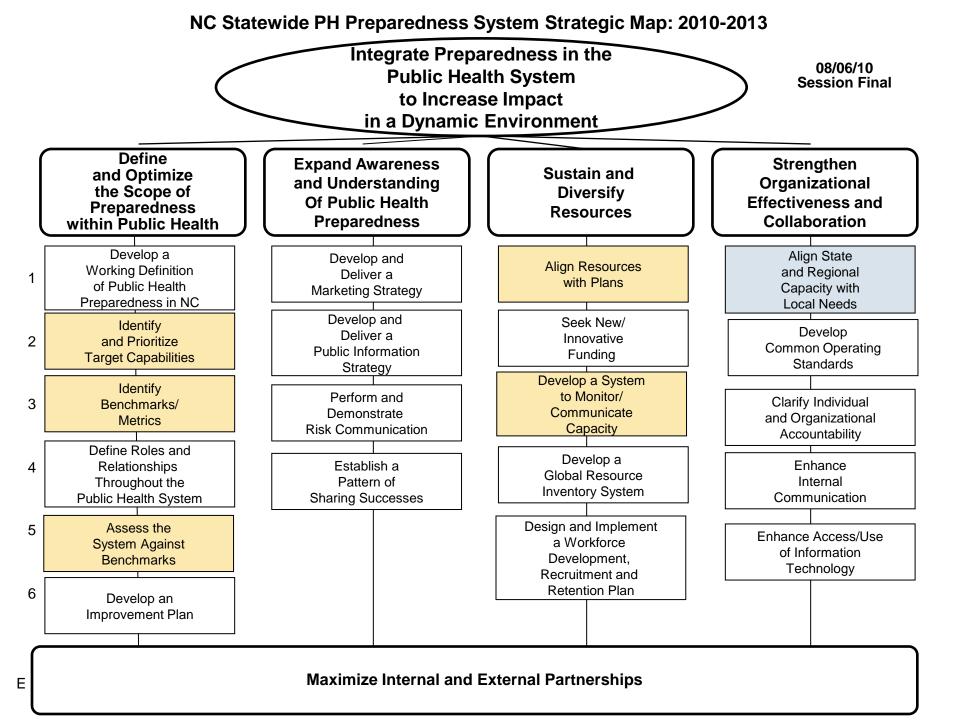
- Medical Countermeasures Unit
- Industrial Hygiene Consultation Unit
- Business Functions Unit
- Public Information and Communications
- Fatality Management Planner
- Disaster Epidemiology
- 4 Regional Offices

#### **Key Drivers:**

- Continued need for scalable, adaptable response capacity to any hazard that affects the public's health
- 2010 NC PH Preparedness System-wide Strategic Plan
- 2012 NC PH Preparedness System Gaps and **Strategies Report**
- US HHS Grant Requirements, PAHPA legislation
- National Response Framework, National Health Security Strategy, National Health Security Preparedness Index
- Need for continued financial and technical support of Local Health Departments to continue preparedness efforts and improvements

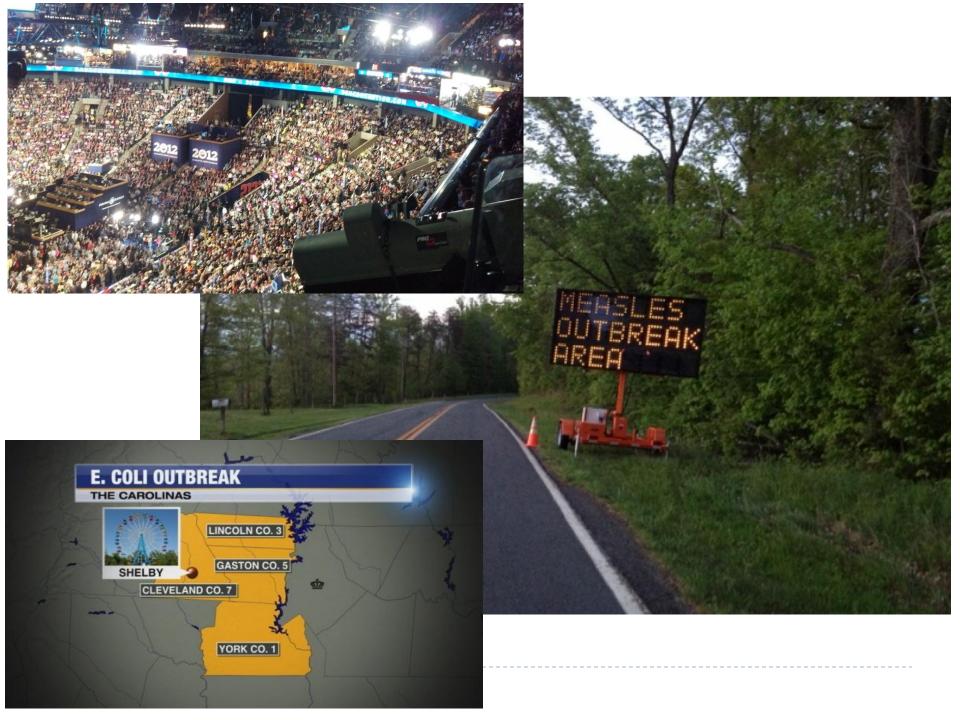
#### **Public Health Emergency Preparedness Cooperative Agreement Awards**





## State Emergency Response Team (SERT)





# DNC 2012 September 2012

- National Special Security Event
- 35,000 attendees, over 100,000 additional visitors for 4 days
- Revitalized plans for surge capacity in health surveillance, outbreak response, environmental health inspections.
- Developed new plans for environmental monitoring for bioagents, medical countermeasure, interagency (local, state and federal) communications and response
- Deployed over 40 state personnel for 24/7 staffing for 7 days in 4 separate emergency operations centers and an enhanced laboratory.





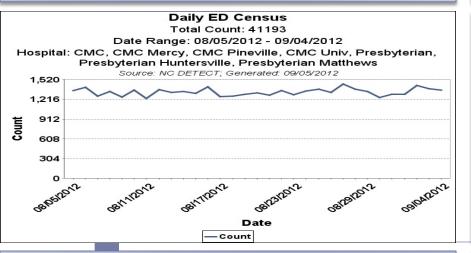
## Public Health Operations Situation Report: Democrat National Convention

Law Enforcement Sensitive: For Official Use Only

09/06/12

0800

## **Emergency Department Census**



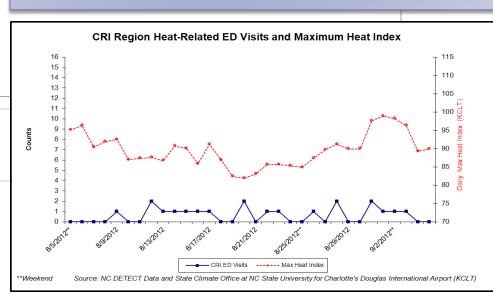
## Environmental Health, Hazards and Food Safety

- > Daily environmental hazard assessment
  - Weather: YELLOW ozone and GREEN particulate matter
- Food Safety
  - 76+ food safety inspections at event sites completed yesterday
  - Surplus food prepared at Bank of America Stadium donated to area shelters/missions

### **Epidemiology and Surveillance**

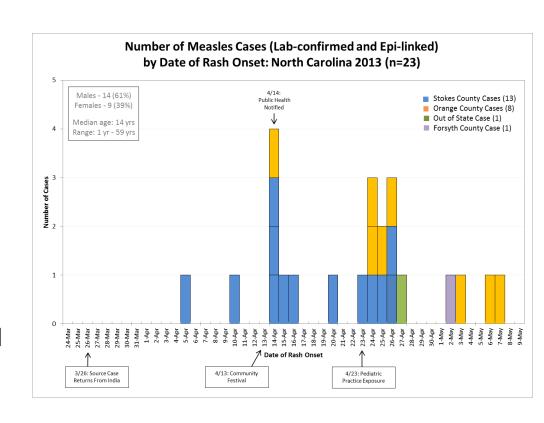
- Syndromic surveillance summary report
  - ➤ ED census AT baseline (figure 1)
  - Syndrome summaries for:
    - Infectious diseases, Injuries and Poison Center calls AT baseline
    - No ED visits for heat-related illness in the CRI region (figure 2)
- Outbreak reports/investigations: None
- Monitoring public and responder medical care units
  - No injury or illness clusters reported

#### Heat Related Illness Surveillance



# Measles in Stokes County April-May 2013

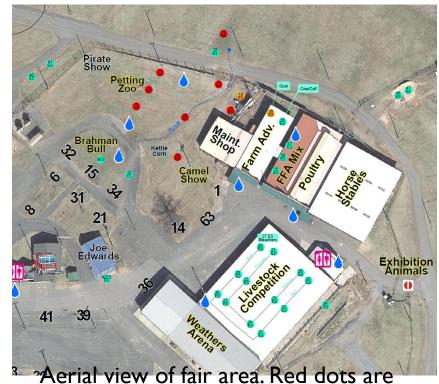
- Overall 23 cases of measles in residents of 3 counties including 2 hospitalizations
  - 18 among unvaccinated individuals (religious exemption)
- More than 1,000 people were exposed including a large public venue
  - MMR vaccine and IgG were administered
  - 70 people not identified and vaccinated within the 72 hour window were issued verbal and written quarantine orders.





# E.Coli O157:H7 Outbreak Associated with a County Fair

- October 8, 2012, 3 Local Health Departments reported people ill all of whom had attended the Cleveland Co Fair.
- Case investigation
  - Over 160,000 attendees to the fair: designated animal contact areas, animal competition areas, temporary food vendors
  - Environmental inspections including samples of soil and sawdust, surface swabs collections
  - Over 30 stool samples tested at State Laboratory of Public Health
- 106 cases from 6 NC counties and 2 SC counties
  - II hospitalized
  - 7 children with hemolytic uremia syndrome
    - 4 requiring dialysis



Aerial view of fair area. Red dots are where environmental samples were positive. Rain drops indicate where standing water accumulated.



# During "peacetime"...

## ▶ PH Preparedness Systemwide Capabilities Assessment

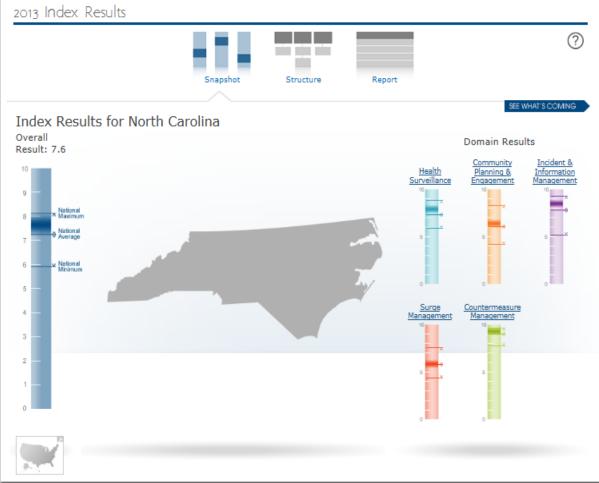
- ▶ 15 nationally identified capabilities with 114 essential elements
- All Local Health Departments and partner agencies evaluated where they are and identified gaps
- Compiled a complete list and identified top three gaps to work on
  - Heavy emphasis on "at risk populations"
- Annual re-evaluation on completeness

#### Plans:

- Revision of emergency operations plan completed annually most recent 12/31/13
- Newly developed Isolation and Quarantine Planning Template for Local Health Departments
  - Rolled out April 2013, regional multi-agency training beginning 10/2013 and 50% completed
- Completed NC PH Plan for Contaminating Events
  - ▶ In response to 2007 Apex EQ incident
  - Training and exercise program being rolled out Spring 2014







#### Highlighted our strengths:

- Medical Countermeasure Plans
- Incident Response Planning and Capability
- Laboratory testing

Areas identified as needing further development include:

- Mental & Behavior Health
- Management of Volunteers
   During an Emergency
- Acute & Primary Care

## Future

- Measuring success:
  - National benchmarks are now consistent from year to year
- Funding
  - Reliance on federal grants
    - Very variable since 2001.
    - Leveraging across several grant streams
  - Local level support is subject to competing priorities and changing environments
    - ▶ Consolidation of Local Health Departments has resulted in changes in management of preparedness activities in many counties
    - Majority of local PH preparedness coordinators are now a shared (30-40%) FTE (vs nearly all a 80-100% FTE 5 years ago)
- A community's preparedness and resiliency is wholly dependent on its core, every day health status

